

Annual DRY CLEANING Emissions Inventory Form for **2004**

Due Date: _____

A. Business Information

Air quality permit number: _____

Owner name: _____

Business name: _____

Business address (physical location of facility): _____

City: _____ State: ____ ZIP: _____

Who should receive the Annual Emissions Inventory Form next year?

Name: _____

Title: _____

Employer: _____

Address: _____

City: _____ State: ____ ZIP: _____

Phone: (____) _____ Fax: (____) _____

Average number of employees: _____

C. Certification Information Please fill out Section B, "Equipment Information", before completing this section.

If you use solvents other than petroleum solvent or perchloroethylene, then please call (602) 506-6790 for instructions to complete your report.

1. TOTAL Petroleum solvent ("140 solvent") used = _____ gallons X 6.5 lb/gal = _____ lbs.
(DO NOT report perchloroethylene usage here. Use line 2.)

2. TOTAL perchloroethylene emissions (total from all equipment listed in Section B on reverse) = _____ lbs.

3. TOTAL emissions (add lines 1 and 2) = _____ lbs.

Sign and date this form below.**Then return this form to: Maricopa County Air Quality Dept., Emissions Inventory Unit,
1001 N. Central Ave. Suite 100, Phoenix AZ 85004.**

I declare under penalty of perjury that the information provided herein represents the best available information and is true, accurate and complete to the best of my knowledge.

_____ Signature of owner/business official	_____ Date of signature	(____) Telephone number of official
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_____ Type or print full name of owner/business official	_____ Type or print full title of official
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(____)

Telephone number of preparer

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Verify all preprinted information. Fill in any missing information and make corrections where necessary. Report perchloroethylene use below, using one section for each piece of equipment. Make additional copies of this page if needed.

B. Equipment Information

Air quality permit number _____

Perchloroethylene use:

Equipment ID Number _____

This equipment is: ☐ Dry-To-Dry, **OR** ☐ TransferThis equipment uses a: ☐ Refrigerated Condenser, **OR** ☐ Carbon Adsorber **OR** ☐ Water Coils

The date this equipment was last installed/reconstructed* is: _____ (mm/dd/yy)

List the percent of total annual equipment operation time for each season identified below. The total for all four seasons must equal 100%.

Dec-Feb _____ % March-May _____ % June-Aug _____ % Sept-Nov _____ %

Typical Usage: Hours per Day _____ Days per Week _____ Hours per Year _____ Weeks per Year _____

Typical day, hours of equipment operations (military time): Start _____ End _____

Total Perc. used in this equipment is _____ gallons X 13.5 lb/gal = _____ lbs perchloroethylene

Perchloroethylene use: **(Complete this section only if you have replaced or added equipment.)**

Equipment ID Number _____

This equipment is: ☐ Dry-To-Dry, **OR** ☐ TransferThis equipment uses a: ☐ Refrigerated Condenser, **OR** ☐ Carbon Adsorber **OR** ☐ Water Coils

The date this equipment was last installed/reconstructed* is: _____ (mm/dd/yy)

List the percent of total annual equipment operation time for each season identified below. The total for all four seasons must equal 100%.

Dec-Feb _____ % March-May _____ % June-Aug _____ % Sept-Nov _____ %

Typical Usage: Hours per Day _____ Days per Week _____ Hours per Year _____ Weeks per Year _____

Typical day, hours of equipment operations (military time): Start _____ End _____

Total Perc. used in this equipment is _____ gallons X 13.5 lb/gal = _____ lbs perchloroethylene

*Installation/Reconstruction Date: List the completion date of installation or the date of the most recent reconstruction of the equipment identified in this section. This is not a date on which routine repair or maintenance was done. "Reconstruction" means any component of the equipment was replaced, and the cost (fixed capital) of the new component(s) was more than half of what it would have cost to purchase or construct a new piece of equipment.